REAL TALK
CLINICAL PSYCHOLOGY | PSYCHOANALYSIS

# Fellowship Program Handbook

Updated: November 4, 2026

This handbook provides an overview of the structure, philosophy, and basic policies of our Postdoctoral Fellowship Program. Real Talk's Manual, Risk Management Protocol, and Coordinated Care procedure separately outline clinical and administrative workflows.

## Who We Are, Our Mission, and Our Vision

Real Talk is a doctoral-level clinic specializing in high-complexity cases. We offer individual therapy via telehealth, as well as in-person sessions at our Houston office. Our clinical work is led by depth-oriented approaches, especially psychoanalytic, and complemented by structured protocols, including EMDR, CBT, and DBT skills.

## Real Talk Clinical Stance: What We Train For

Our fellowship program is grounded in the belief that psychotherapy requires training, judgment, and restraint. The following principles define the clinical stance we actively train, supervise, and evaluate.

- In-Depth Therapy: Clinical progress is understood as structural change in how a patient relates to themselves and others, in addition to symptom reduction.
- Clinical Relationships: Clinicians are trained to build alliance through consistency and ethical limits.

- Ethical Practice: Practice and documentation should reflect clinical reasoning, risk awareness, and ethical judgment, evaluated through supervision and documentation.
- Accountable Practice: Clinicians must choose interventions intentionally and explain how they serve the treatment.
- Thoughtful Work: Fellows are expected to integrate theory, research, and cultural context into clinical thinking, and to cultivate curiosity and humility.
- Coordination of Care: Clinicians must maintain ongoing, ethical communication with other providers within legal limits.

# The Postdoctoral Fellowship Program

Our Postdoctoral Fellowship is a 12-month program comprising 36 hours per week, including up to 25 hours of clinical service, 2 hours of individual supervision, 2 hours of learning activities, and 7 hours of protected non-clinical time for EPPP preparation, independent study, and clinical documentation. Weeks that carry additional training, outreach, or coordination of care may reach 40 hours, which is the maximum permitted. On a uniform 36-hour week, the structure provides approximately 1,870 training hours per year before paid time off, against the 1,750 supervised hours required for licensure, and the longer weeks absorb the paid time off taken across the year.

The program offers immersive clinical training grounded in psychoanalytic theory, which is our primary framework for discussing cases, navigating ethical dilemmas, and appreciating the broader societal factors that shape subjective experience.

- Discipline: Individual psychotherapy
- Duration: Minimum of 12 months and 1,750 supervised hours. The 2026–2027 training year runs from September 28, 2026 to September 29, 2027.
- Clinical Work: Up to 25 clinical hours per week with a focus on adults and adolescents.
- Supervision: 2 weekly hours of individual supervision, one with the clinical and training director, who serves as primary supervisor, and one with a licensed psychologist on the team.
- Didactics: 2 weekly hours of learning activities covering theory, ethics, cultural humility, clinical work, EPPP, and licensure.
- Location: in person (at least 50% of clinical sessions) and via telehealth.

- Training Focus: depth-oriented approaches, especially of psychoanalytic orientation, alongside evidence-based methods. Other goals include mastering APA's profession-wide competencies, fostering cultural humility, and supporting licensure. The program is committed to diversity, equity, and inclusion, embedding these concepts throughout training and supervision.

- Clinical and Training Director: Adriane Barroso, PhD, LP (TX #37992)

- Clinical Lead: a licensed psychologist designated by the practice for each training year, who serves on the training committee together with the clinical and training director. Where either of them is a party to a matter before the committee, their place is taken by another licensed psychologist who provides secondary supervision in the program.

The program operates under the authority of the Texas Behavioral Health Executive Council (BHEC) and complies with the rules of the Texas State Board of Examiners of Psychologists (TSBEP). Fellows practice under the provisions of 22 TAC § 463.11, which allows supervised postdoctoral practice toward licensure. Services provided by fellows are reviewed and supervised in compliance with state law.

## Eligibility and Admissions Requirements

Real Talk's Postdoctoral Fellowship is committed to a transparent and ethical selection process. The program adheres to APPIC Postdoctoral Selection Standards and agrees to abide by the APPIC Common Hold Date in effect for each training year.

- Application Materials: Curriculum vitae, cover letter describing clinical interests and training goals, and two letters of reference.

- Interview Process: Selected applicants are invited to interview with the clinical and training director to assess their fit for the program.

- Non-Discrimination Statement: Decisions are made without regard to race, ethnicity, gender, sexual orientation, disability, age, religion, national origin, or any other protected status.

- Doctoral Degree and Internship: Fellows must have completed all doctoral degree requirements from an APA-accredited doctoral program; internationally trained applicants, for whom APA accreditation is not available, must hold a doctoral degree in psychology with documented U.S. equivalency. Candidates must also have completed a doctoral internship that is APA-accredited or otherwise meets APPIC standards. For internationally trained applicants, we require documented evidence that the internship was a formal, supervised training experience of a breadth and quality consistent with an APPIC-member internship and sufficient to support licensure eligibility in Texas under 22 TAC § 463.11, as determined by the Texas Behavioral Health Executive Council.

- Verification of Completion: Fellows must submit either a diploma or an official letter from the doctoral program confirming completion of all degree requirements.

- Licensure Eligibility: Fellows must be eligible to pursue licensure as a psychologist in Texas, which requires completing a supervised practice year in accordance with the Texas Behavioral Health Executive Council (BHEC) and the Texas State Board of Examiners of Psychologists (TSBEP).

- Legal Work Status: Fellows must provide proof of authorization to work in the US.

## Focus and Competencies

The program is structured around the APA Profession-Wide Competencies and program-specific competencies, cultivated through weekly individual supervision, learning activities, and structured feedback. By the end of the fellowship, fellows are expected to demonstrate profession-wide competencies in:

- Research: Applying scholarly literature to inform clinical practice.

- Ethical and Legal Standards: Applying ethical and legal principles to clinical contexts; engaging with moral dilemmas in clinical practice and demonstrating knowledge and adherence to the APA Ethics Code.

- Individual and Cultural Diversity: Deepening insight into identity, positionality, and cultural humility in clinical work; understanding the impact of societal inequalities and cultural differences on subjective experiences.

- Professional Values, Attitudes, and Behaviors: Displaying integrity and accountability; demonstrating self-awareness and openness to feedback.
- Communication and Interpersonal Skills: Collaborating effectively with patients, clinicians, staff, and other providers and services.
- Assessment: Conducting nuanced intakes, producing clear documentation, accurate risk assessment, and appropriate clinical decisions.
- Intervention: Showing clinical judgment and adjusting interventions to patient response, guided by the unfolding of each case.
- Supervision: Co-supervising another fellow's case during the training year alongside the clinical and training director; preparing and leading assigned Monday seminar sessions.
- Consultation and Interprofessional/Interdisciplinary Skills: Collaborating with psychiatrists and other providers while preserving the patient's confidentiality.

## Program Infrastructure and Support

Fellows have access to the same infrastructure and services that support licensed clinicians and define the practice's operations:

- Administrative Support: Centralized scheduling and billing, insurance verification.
- Technology & Systems: SimplePractice, Google Workspace, 8x8 phone system.
- Physical Space: Furnished office in Houston with secure entry and supplies.
- Compliance & Resources: Access to crisis protocols, internal and external referral directories, and training materials.
- Professional Development Allowance: $600 per year for training.

## Program Completion Requirements

- Accrue a minimum of 1,750 supervised hours, the majority in direct clinical service.

    - A fellow who uses the full paid time off allotment would accrue around 1,670 hours on a 36-hour week. Weeks carrying additional training, outreach, or coordination of care run up to the permitted maximum of 40 hours, which brings the year to the required 1,750. Where a fellow nonetheless falls short, the difference may be made up through additional training activities or by extending the fellowship, up to a total duration of two years.

- Receive a Minimum Level of Achievement of 5 (Ready for Entry-Level Independent Practice) or 6 (Advanced Competence) in the final evaluations across all competencies. Fellows are evaluated using a 6-point competency scale (1 = Significant Problem / Remediation Required; 6 = Advanced Competence).
- Submit a thorough written case conceptualization, demonstrating the application of theory to clinical practice.
- Fellows who meet the exit criteria receive a Certificate of Completion signed by the clinical and training director, naming the practice, identifying the training as postdoctoral, stating its focus area, and giving the beginning and ending dates of training.

### Key Contacts

- Practice Manager: Juliana de Morais (juliana@realtalkpsychology.com)
- Clinical and Training Director: Adriane Barroso ( adriane@realtalkpsychology.com )
- Practice Director: Pedro Costa (pedro@realtalkpsychology.com)

## Program Outcomes

Real Talk conducts an annual review of the program's content, supervision quality, and administrative procedures. The program tracks the outcomes below for each cohort and reports them in the aggregate:

- Completion Rates: Number of fellows completing the program within the expected timeframe;

- EPPP: First-attempt pass rate on the Examination for Professional Practice in Psychology, together with the pass rate on any subsequent attempt;
- Jurisprudence Examination: First-attempt pass rate on the Jurisprudence Examination;
- Licensure: Proportion of graduates licensed within six months of completing the program;
- Program Quality as Fellows Experience It: Supervisor evaluations completed by fellows twice each year, fellow ratings of the learning activities.

## Public Disclosures

The fellowship website publishes this handbook in full and states the following on the site itself: the program's aims, competencies, and training methods; the curriculum and the sequence of training activities; the training resources and the supervisory staff; the application requirements, including the requirement that all doctoral degree requirements be completed before the fellowship begins, and the selection procedures the program follows; the stipend, benefits, and leave policies; the methods and frequency of evaluation, which is a minimum of two written evaluations in each training year; whether successful completion satisfies the postdoctoral supervised practice requirement for licensure in Texas; the existence of separate due process and grievance procedures and the point at which fellows receive them; and the program's accreditation and membership status. The site also states that the program follows the APPIC Postdoctoral Selection Standards and observes the Common Hold Date in effect for each recruitment cycle.

The Real Talk Postdoctoral Fellowship Program is a postdoctoral member of the Association of Psychology Postdoctoral and Internship Centers (APPIC); membership was approved in November 2026. The program is not accredited by the American Psychological Association. APPIC membership is not a form of accreditation, and the program cannot assure APA accreditation.

# Ethical and Legal Standards

Fellows are expected to uphold the highest ethical and legal standards in all activities. Real Talk adheres to the APA Ethical Principles of Psychologists and Code of Conduct, Texas state law, and HIPAA regulations.

### Ethical Principles

- Beneficence and Nonmaleficence: Strive to do good and avoid harm.
- Fidelity and Responsibility: Establish trust and uphold responsibilities.
- Integrity: Promote honesty, accuracy, and truthfulness in all activities.
- Justice: Ensure fairness and equity in the delivery of services.
- Respect for People's Rights and Dignity: Respect the dignity, privacy, and autonomy of all people.
- Ethics is a core component of the weekly Learning Seminars and Clinical Talks, and supervision and case discussions regularly address ethical dilemmas.

### HIPAA Compliance

- All PHI (Protected Health Information) must be safeguarded.
- Fellows must use only HIPAA-compliant systems for communication.
- Personal devices must be encrypted and password-protected.
- Fellows must report suspected breaches to the supervisor.
- Fellows are expected to follow APA's Guidelines for the Practice of Telepsychology in addition to HIPAA and state law.

### Legal Responsibilities and Accountability

- Fellows must comply with all Texas laws governing the practice of psychology.
- Fellows may not independently bill or practice outside of supervisory arrangements.
- Supervisors are ultimately responsible for the fellows' clinical work.
- Fellows are held accountable for adhering to ethical and legal standards and may face remediation or termination for violations.

# Supervision

Supervision is at the heart of the fellowship program. Fellows are encouraged to bring their questions, vulnerabilities, and challenges, while supervisors strive to foster a safe, constructive environment that upholds professional and ethical standards.

### Supervision Requirements

- Weekly Hours: Fellows receive 2 hours of individual supervision each week.
- Scope: All clinical services are conducted under supervision. Each fellow also co-supervises another fellow's case during the training year alongside the clinical and training director, who retains supervisory responsibility for that case.
- If a fellow demonstrates difficulty meeting goals, a formal remediation plan will be created.
- Risk is a standing supervision topic. The mid-year and final evaluations assess risk assessment, escalation, and documentation.

### Clinical Mentors

The practice may hire licensed professional counselors for exceptional clinical skill or for psychoanalytic training, and they participate in the fellowship as clinical mentors. A mentor is available to fellows day to day for the questions that arise in the ordinary course of the work. A mentor carries no clinical or legal responsibility for a fellow's cases, does not direct treatment, and does not sign notes.

### Clinical and Training Director

Adriane Barroso, PhD, LP

- License #37992 (Texas, expiration date: March 2027)
- Email: adriane@realtalkpsychology.com
- Phone: 832 583 7373

Adriane Barroso, PhD, LP (TX #37992) is the founder and Clinical and Training Director of Real Talk Clinical Psychology. She holds a doctoral degree in Psychology and brings over 20 years of clinical experience in individual psychotherapy across diverse populations.

Dr. Barroso's clinical expertise is directly aligned with the program's training focus. Her specializations in grief, trauma, psychological crisis, and psychoanalytically informed treatment correspond to the framework that defines the fellowship's emphasis. She maintains active scholarly engagement with Lacanian psychoanalytic theory through participation in multiple advanced study groups and international presentations.

As Clinical and Training Director, Dr. Barroso oversees clinical quality, crisis protocols, and ethical standards for the full practice. She provides clinical consultation to the team's licensed psychologists and oversees the governance of both the fellowship program and the broader clinical operation.

Dr. Barroso is trilingual in English, Portuguese, and Spanish, expanding the cultural and linguistic range of supervision she can provide and reflecting the program's commitment to diversity, equity, and cultural humility in training.

### Practice and Supervisor Responsibilities

- Providing the supervision needed to meet the program requirements and offering availability outside supervision hours when relevant questions arise.
- Having a licensed psychologist available in person, by telephone, or by video during all direct patient contact.
- Ensuring access to emergency and crisis protocols.

- Offering access to HIPAA-compliant resources, including but not limited to the ability to store materials, and adequate space for activities appropriate to the training.

Real Talk Clinical Psychology adheres fully to the Texas Occupations Code, Title 3, Chapter 501, the Texas Administrative Code, Title 22, Part 21, § 465.2 (Supervision), and Texas's rules for supervision in training settings posted in the Texas State Board of Examiners of Psychologists rulebook.

### Fellow Responsibilities in Supervision

- Being present in supervision and ready with case material and reflections.
- Demonstrating openness to feedback.
- Maintaining professionalism and confidentiality in supervision discussions.

# Syllabus & Learning Activities

Fellows attend two hours of learning activities each week. Monday's Learning Seminars and Wednesday's Clinical Talks carry those hours in most weeks. In exceptional weeks, they are carried by the Texas Psychological Association Postdoctoral Fellowship Collaborative session, the Clinical Study Day, and other learning activities.

- Monday Track, Learning Seminar: self-governed. Sessions count toward didactic credit once the summary is submitted to the clinical and training director. Topics: practice policies and systems, documentation and notes, reports and disclosures, coordination of care, the practice's case conceptualization format, law and ethics, Texas board rules and the jurisprudence examination, EPPP preparation, book club, fellow-led seminars, the written case conceptualization, caseload transfer, and licensure filing. The internal documents cited in this syllabus are available in the practice's shared drive.
- Wednesday Track, Clinical Talk: led by the clinical and training director. Clinical theory, case formulation, clinical reasoning. The first Wednesday of each month is the Clinical Case Discussion, in which a clinician presents an active case for structured discussion.
- Practice-Wide Activities: Texas Psychological Association Postdoctoral Fellowship Collaborative: a statewide series that connects postdoctoral fellows and training directors across Texas through twelve monthly virtual sessions; the practice participates as a registered site. Clinical Study Day: annual, in-person, full-day meeting open to all clinicians, in which clinicians and fellows present clinical work.

## WEDNESDAY TRACK: CLINICAL FOUNDATIONS

### Unit 1. The Program and Our Position on Risk

**Learning objectives:** State the practice's clinical stance on risk; state the documentation standard; execute the release used in a risk episode, and state what may be disclosed in an emergency within the limits of Texas law.

**Readings**

Real Talk Clinical Psychology. (2026). Risk management protocol [Internal document].

Real Talk Clinical Psychology. (2026). ROI and Coordinated Care Authorization [Internal document].

Mintz, D. L. (2025). *Integrating care: Combining medications and psychotherapy* [Recorded webinar]. Austen Riggs Center. - *combined versus integrated treatment, what the medication means to the patient, and communication with the prescriber in split treatment.*

### Unit 2. Suicidality: The Assessment as Intervention

**Learning objectives:** Conduct a suicide assessment that is itself therapeutic and keeps the clinician connected to the patient; distinguish chronic from acute risk, and stable from context-driven indicators; weigh risk and protective factors; and write a risk formulation that records risk status, risk state, available resources, and foreseeable changes.

**Readings**

Cox, D. W., & Aafjes-van Doorn, K. (2026). Five ways to be therapeutically responsive with clients in suicidal crisis. *Practice Innovations, 11*(2), 156–164. - *how to conduct an assessment inside the treatment.*

Lewis, K. C. (2024). Transforming suicide risk assessment [Recorded webinar]. Austen Riggs Center. - *assessment centered on the patient: transdiagnostic risk factors, and stable versus context-driven indicators.*

Pisani, A. R., Murrie, D. C., & Silverman, M. M. (2016). Reformulating suicide risk formulation: From prediction to prevention. *Academic Psychiatry, 40*(4), 623-629. - *what the note records: risk status, risk state, available resources, and foreseeable changes.*

## Unit 3. Referring to Inpatient Care: The Emergency Room and the Limits of Our Authority

**Learning objectives:** Select the least restrictive response adequate to the risk; state the indications for recommending inpatient care and the harms that belong in the decision; understand the emergency room; state the limits of a psychologist's authority under Texas emergency detention law.

### Readings

Widhalm, C., & Vernoy, K. (Hosts). (2021, July 12). Psychiatric crises in the emergency room, an interview with Kesy Yoon and James McMahill (No. 215) [Audio podcast episode]. In *The Modern Therapist's Survival Guide*. Therapy Reimagined. - *what actually happens once a patient reaches the emergency room.*

Emergency detention, Tex. Health & Safety Code Ann. ch. 573 (2026). - *who may apprehend a person without a warrant, who may file an application.*

## Unit 4. The Opening of a Treatment

**Learning objectives:** conduct a first interview; elicit the demand the patient brings and distinguish it from the presenting complaint; formulate a preliminary diagnostic hypothesis; describe the function of the clinical frame and establish the direction of a treatment.

**Readings**

Fink, B. (1997). *A clinical introduction to Lacanian psychoanalysis: Theory and technique*. Harvard University Press. Pp. 7–27 - *the analytic relationship, preliminary interviews, questions that clarify a patient's account.*

Freud, S. (1958). Recommendations to physicians practicing psycho-analysis. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 109–120). Hogarth Press. (Original work published 1912) - *evenly suspended attention and the reasons for the analyst's restraint.*

Freud, S. (1958). On beginning the treatment (Further recommendations on the technique of psycho-analysis I). In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 121–144). Hogarth Press. (Original work published 1913) - *trial period, time, the fundamental rule, and interpretation.*

Widhalm, C., & Vernoy, K. (Hosts). (2026, January 12). When therapy goes vibe-forward: The cost of losing clinical depth, an interview with TJ Walsh (No. 450) [Audio podcast episode]. In *The Modern Therapist's Survival Guide*. Therapy Reimagined. - *neutrality as containment; validation vs treatment.*

Tillman, J. G. (2024). *The frame in psychoanalytic psychotherapy: Tasks, roles, and boundaries* [Recorded webinar]. Austen Riggs Center. - *the frame as a setting negotiated at the outset of treatment: tasks, roles, boundaries, and power.*

## Unit 5. The Limits of Understanding

**Learning objectives:** Distinguish cultural humility from cultural competence; relate cultural humility to the practice's position on the singularity of the subject.

### Readings

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117–125. - *competence framed as a finite body of knowledge is the wrong training goal.*

## Unit 6. The Profession in Its Moment

**Learning objectives:** Situate contemporary demands on psychotherapy within a broader cultural context; examine consumption and the demand for measurable outcomes; describe the structural pressures that insurance-based practice places on clinical work.

### Readings

Miller, L., & Spiegel, A. (Hosts). (2016, July 1). The problem with the solution [Audio podcast episode]. In *Invisibilia*. NPR. - *the Western preoccupation with medicalized solutions, and the power of social acceptance.*

Widhalm, C., & Vernoy, K. (Hosts). (2021, May 3). Fixing mental healthcare in America, an interview with Nicole Eberhart and Ryan McBain (No. 205) [Audio podcast episode]. In *The Modern Therapist's Survival Guide*. Therapy Reimagined. - *systemic flaws, insurance bottlenecks, and constraints in the U.S. mental health system.*

Plastow, M. (2012). Retail therapy: The enjoyment of the consumer. *British Journal of Psychotherapy, 28*(2), 204–220. - *psychotherapy being commodified into a product.*

## Unit 7. Transference

**Learning objectives:** Recognize transference as it emerges in treatment; bring transference phenomena to supervision and examine the clinician's own position.

### Readings

Freud, S. (1958). The dynamics of transference. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 97–108). Hogarth Press. (Original work published 1912) - *transference as resistance, and why it is nonetheless the field in which the work is done.*

Fink, B. (1997). *A clinical introduction to Lacanian psychoanalysis: Theory and technique*. Harvard University Press. Pp. 28–41, assigned in Unit 4 - *the analyst's position in the transference.*

## Unit 8. Constructing the Case

**Learning objectives:** Distinguish the construction of a case from a case summary; produce written constructions of ongoing cases.

### Readings

Freud, S. (1964). Constructions in analysis. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 255–269). Hogarth Press. (Original work published 1937) - *the analyst's work of construction.*

De Georges, P. (2011). Construction of the case (F. Coates-Ruet, Trans.). *Psychoanalytical Notebooks, 22*, 101–110 - *case summaries versus case constructions.*

## Unit 9. Diagnosis Beyond Symptom Criteria

**Learning objectives:** Use DSM diagnosis for documentation and billing while identifying what symptom criteria cannot register clinically; situate psychoanalytic diagnosis in relation to psychiatric practice.

### Readings

Vanheule, S. (2012). Diagnosis in the field of psychotherapy: A plea for an alternative to the DSM-5.x. *Psychology and Psychotherapy: Theory, Research and Practice, 85*(2), 128–142. - *advocates a structural diagnostic approach that guides psychotherapeutic intervention rather than administrative labeling.*

Freud, S. (1963). Lecture XVII: The sense of symptoms. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 16, pp. 257–272). Hogarth Press. (Original work published 1917) - *the meaning of symptoms.*

Svolos, T. (2001). Past and future of psychoanalysis in psychiatry. *The Symptom, 1.* - *what a psychoanalytic orientation can offer.*

Clinically Thinking (Host). (2023, November 25). Saving Normal: The problem of diagnostic inflation, with Allen Frances [Audio podcast episode]. In *Clinically Thinking*. - *the medicalization of ordinary suffering.*

## Unit 10. Structure in the Language of the Clinic: Neurosis

**Learning objectives:** Address the structural question of a case (how the subject is positioned toward the Other) alongside the symptom criteria; form a structural hypothesis from the first interviews.

### Readings

Fink, B. (1997). *A clinical introduction to Lacanian psychoanalysis: Theory and technique*. Harvard University Press. Chapter 8, pp. 112–164 - *hysteria and obsession*.

Psychofarm (Host). (2024, December 17). Understanding borderline personality disorder, with Mark L. Ruffalo [Audio podcast episode]. In *Psychofarm*. Prospect Park Psychiatry. - *personality organization versus trauma syndrome, and treatment across the schools.*

### Unit 11. Psychosis in Outpatient Practice

**Learning objectives:** Identify psychotic organization; distinguish triggered from untriggered presentations; describe the clinician's role in supporting stabilization over time.

**Readings**

Fink, B. (1997). *A clinical introduction to Lacanian psychoanalysis: Theory and technique*. Harvard University Press. Chapter 7, pp. 79–111 - *the Lacanian framework for psychosis.*

Vanheule, S. (2025). *Treating psychosis today: A Lacanian perspective* [Recorded webinar]. Austen Riggs Center. - *the triggering of psychosis, creativity as a route to stabilization, and the transference in psychosis.*

Miller, J.-A. (2009). Ordinary psychosis revisited. *Psychoanalytical Notebooks, 19*, 139–168. - *psychosis without a triggering.*

Puder, D. (Host). (2024, December 13). Beyond the myths of psychosis: Understanding, acceptance, and paths forward, with Stijn Vanheule (No. 229) [Audio podcast episode]. In *Psychiatry & Psychotherapy Podcast*. - *psychotic symptoms as subjective expressions.*

## Unit 12. Mourning, Melancholia, and Depression

**Learning objectives:** Distinguish mourning from melancholia; situate the contemporary diagnosis of depression as a category built around its treatment.

**Readings**

Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 243–258). Hogarth Press. (Original work published 1917) - *the lost object, and the shadow of the object falling on the ego.*

Leader, D. (2008). *The new black: Mourning, melancholia, and depression*. Graywolf Press. Chapters 4 and 1, in that order - *depression vs. melancholia.*

## Unit 13. Trauma and Urgency

**Learning objectives:** Define trauma from a psychoanalytic perspective; distinguish subjective urgency from institutional emergency.

**Readings**

Laurent, É. (2002, May 3). Trauma in reverse. *Ornicar? Digital, 204*. - *trauma not as an external event but as the subject's encounter with an unassimilable Real.*

Seldes, R. (2021, February 20). Urgency: Between truth and jouissance. *The Lacanian Review Online, 275*. - *subjective urgency versus institutional emergency.*

Lewis, K. C. (2026). *Where the mind suffers: Understanding psychic pain and suicidal crisis* [Recorded webinar]. Austen Riggs Center. - *psychic pain as affective overwhelm and lost emotional control, and the moment of suicidal crisis.*

## Unit 14. Substance Use: The Solution That Bypasses the Other

**Learning objectives:** Describe the toxicomanic solution according to psychoanalysis; distinguish the new symptoms that address no one from symptoms that do.

### Readings

Naparstek, F. (2011). New uses of drugs. In Y. Goldman Baldwin, K. Malone, & T. Svolos (Eds.), *Lacan and addiction: An anthology* (pp. 39–57). Karnac Books. - *drugs as a break with the Other.*

Svolos, T. (2011). Introducing the "new symptoms." In Y. Goldman Baldwin, K. Malone, & T. Svolos (Eds.), *Lacan and addiction: An anthology* (pp. 75–88). Karnac Books. - *addictions and eating disorders as symptoms that do not address the Other.*

## Unit 15. Depth-Oriented Work and Manualized Treatment

**Learning objectives:** Compare the aims and the evidence of depth-oriented and manualized treatments; state the evidence for depth-oriented treatment.

### Readings

Shedler, J. (2026). *The efficacy of psychoanalytic therapy: The talking cure in the era of evidence-based practice* [Recorded webinar]. Austen Riggs Center. - *effect sizes of psychodynamic therapy compared with CBT and medication, and the seven features of psychodynamic process.*

Vedantam, S. (Host). (2019, April 29). A dramatic cure [Audio podcast episode]. In *Hidden Brain*. Hidden Brain Media. - *ritual, expectation, and the clinician–patient relationship producing measurable healing.*

### Unit 16. Directing a Treatment and Ending It

**Learning objectives:** Describe what therapy can and cannot resolve, and what changes over the course of a long treatment; plan an ending on clinical grounds.

**Readings**

Freud, S. (1964). Analysis terminable and interminable. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 209–253). Hogarth Press. (Original work published 1937) - *on what analysis can and cannot resolve.*

Palomera, V. (2020, October). What may I expect from psychoanalysis? *LC Express, 5*(3), 1–8. - *on the aphorism that analysis exchanges extraordinary misery for ordinary unhappiness.*

### Clinical Case Discussion

**Learning objectives:** Present an active case for structured discussion in the practice's case presentation format; give and receive substantive professional feedback. Once each quarter, the discussion returns to a longitudinal case discussion over a single long-term treatment.

## MONDAY TRACK: PROFESSIONAL PRACTICE AND PROGRAM REQUIREMENTS

### Practice Policies and Systems

**Learning objectives:** Complete the HIPAA training course; apply Real Talk's policies in daily practice; state what Texas medical privacy law adds to the federal rule; operate the electronic record. The training on state and federal law concerning protected health information is delivered through this session and the assigned course.

**Readings and materials**

Real Talk Clinical Psychology. (2026). *Real Talk manual* [Internal document].

SimplePractice. (n.d.). *Learning SimplePractice: On-demand classes and live Q&As*.

HIPAA Training US. (2026). *Free HIPAA training and certification online* [Online course]. - *HIPAA compliance practices.*

Medical records privacy, Tex. Health & Safety Code Ann. ch. 181 (2026). - the *Texas medical privacy act.*

## Documentation and Notes

**Learning objectives:** Write the intake evaluation; write progress notes that are clinically meaningful, board-compliant, and audit-ready; state what medical necessity requires of a note and what justifies the session length.

**Readings and materials**

Real Talk Clinical Psychology. (2026). *Progress note templates* [Internal document]

Clearly Clinical. (n.d.). *The ideal progress note: Myths, methods, and norms* [Audio podcast continuing education course]. - *common documentation errors, and how medical necessity is shown in the note.*

## Reports and Disclosures

**Learning objectives:** Apply Texas mandated reporting requirements for child abuse and neglect; state the limits of confidentiality to patients and what may be disclosed under chapter 611.

**Readings and materials**

Investigation of report of child abuse or neglect, Tex. Fam. Code Ann. §§ 261.001, 261.101–261.104, 261.106, 261.109, 261.111, 261.201(a), 261.202 (2026). - *child abuse and neglect reporting, and the 48-hour deadline that applies to professionals.*

Mental health records, Tex. Health & Safety Code Ann. ch. 611 (2026). - *the disclosures a clinician may make in an emergency, and to whom.*

## Coordination of Care

**Learning objectives:** Coordinate care with prescribers, primary care physicians, and other treating providers as a routine part of treatment, not only in a risk episode; obtain the patient's authorization with the ROI and Coordinated Care Authorization and explain to the patient what will be shared and why; share only what the purpose of the communication requires; document each contact in the record.

### Readings and materials

Real Talk Clinical Psychology. (2026). ROI and Coordinated Care Authorization [Internal document].

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*, Standards 3.09, 4.04, and 4.05. - *cooperation with other professionals, minimizing intrusions on privacy, and disclosures.*

## Case Conceptualization

**Learning objectives:** Select the case; prepare it for supervision and for the Clinical Case Discussion; develop the draft across the Mondays reserved for it and bring a complete draft to the workshop.

### Readings and materials

Case conceptualization written by fellows.

## Law and Ethics

**Learning objectives:** Apply the APA Ethics Code to clinical dilemmas and differentiate legal obligations from ethical ideals; identify scope-of-competence limits; recognize the limits of ethics codes as decision procedures and reason toward aspirational ethical decisions.

### Readings and materials

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017). - *general principles and ethical standards, with attention to competence, informed consent, confidentiality, and termination.*

Widhalm, C., & Vernoy, K. (Hosts). (2018, April 30). Referrals done right (No. 51) [Audio podcast episode]. In *The Modern Therapist's Survival Guide*. Therapy Reimagined. - *scope of competence, avoiding discriminatory referrals, conducting warm clinical handoffs.*

Charles, M. (2026). *Authenticity: An ethical core for clinical practice* [Recorded webinar]. Austen Riggs Center. - *the limits of rule-following, and authenticity and respect for difference as the ground of ethical practice.*

## EPPP Preparation

**Learning objectives:** Execute an EPPP study plan and revise it against practice test results.

### Readings and materials

Association of State and Provincial Psychology Boards. (2026). *EPPP candidate handbook*. - *structure, domains, eligibility, scheduling, and scoring.*

PrepJet. (2026). *PrepJet EPPP preparation platform* [Computer software]. - *study platform*.

Real Talk Clinical Psychology. (2026). *EPPP study plan* [Internal document].

### Book Club

**Learning objectives:** Read a full-length work critically and relate it to clinical practice; sustain a scholarly discussion with colleagues outside the case discussion format.

**Readings and materials**

Text selected by fellows.

### Texas Board Rules and the Jurisprudence Examination

**Learning objectives:** Apply TSBEP rules under 22 TAC § 463.11 governing postdoctoral supervised experience, hours tracking, and independent licensure filing; prepare for the jurisprudence examination and state the rules it covers.

**Readings and materials**

Supervised experience required for licensure as a psychologist, 22 Tex. Admin. Code § 463.11 (2023). - *state licensing rules, required supervised hours, and board application procedures.*

Texas Behavioral Health Executive Council. (n.d.). *Jurisprudence examination page*. - *content, registration, and the rules the examination covers.*

### Fellow-Led Seminars

**Learning objectives:** Prepare and lead a seminar on an assigned topic; select the material in advance; sustain a discussion with colleagues.

**Readings and materials**

Selected by the presenting fellow.

### Formal Evaluation

Fellows receive two formal competency evaluations during the training year, at Month 6 and Month 12. Each is preceded by a reflective self-assessment; the competency evaluations themselves are conducted in individual supervision.

### Written Case Conceptualization

**Learning objectives:** Write the year-end case conceptualization, integrating theory, clinical practice, and ethics, in APA style. The complete draft is due Friday, July 16, 2027, the final version Friday, September 10, 2027, and the conceptualizations are discussed on Wednesday, September 22, 2027.

**Readings and materials**

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

### Caseload Transfer

**Learning objectives:** Plan and carry out the end-of-fellowship transfer of a caseload across three sessions: ethical termination and transfer planning; transfer summaries, receiving clinicians, and patient preparation; and handoffs and closing notes.

**Readings and materials**

Widhalm, C., & Vernoy, K. (Hosts). (2021, August 2). How to fire your clients (ethically) (No. 216) [Audio podcast episode]. In *The Modern Therapist's Survival Guide*. Therapy Reimagined. - *ending a treatment ethically, and the conversation with the patient about it.*

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*, Standards 10.09 and 10.10, assigned in Law and Ethics. - *interruption and termination of therapy.*

### Licensure Filing

**Learning objectives:** Assemble the documentation of supervised hours and complete the Texas licensure application across two sessions: EPPP results, the Texas application, and supervised-experience documentation; and the hours audit and supervisor attestations.

**Readings and materials**

Supervised experience required for licensure as a psychologist, 22 Tex. Admin. Code § 463.11 (2023).

Texas Behavioral Health Executive Council. (n.d.). Forms and publications: Texas State Board of Examiners of Psychologists. - *licensure application, supervised-experience documentation form, supervisor attestations.*

# Professional Development

Real Talk's fellowship is designed to offer clinical training, to prepare fellows for independent practice, and to provide support in the following areas:

### Licensure Preparation

- Meeting Texas licensure requirements; studying for the EPPP and jurisprudence exam during the fellowship year.

### Scholarship and Writing

- Contribution to scholarly activities through writing and presentations; completion of a thorough written case conceptualization during the fellowship year.

### Supervision Exposure

- Introductory experience in supervision and teaching: each fellow co-supervises another fellow's case alongside the clinical and training director, who retains supervisory responsibility for the case.

### Community Building

- Engagement in peer consultation and support networks outside of supervision.

### Professional Identity

- Reflection on cultural humility, positionality, and the ethical responsibilities that arise from practicing within diverse communities.

# Evaluation System and Outcomes

The program's evaluation framework is built on APA's Profession-Wide Competencies (PWCs). Formal competency evaluations occur at 6 months and 12 months: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communication and Interpersonal Skills; Assessment; Intervention; Supervision; Consultation and Interprofessional/Interdisciplinary Skills.

Fellows are evaluated on a 1–6 behaviorally anchored scale:

- 1 = Significant Problem / Remediation Required
- 2 = Below Expectations for Early Fellowship
- 3 = Meets Expectations for Early Fellowship
- 4 = Progressing Toward Independent Practice
- 5 = Ready for Entry-Level Independent Practice
- 6 = Advanced Competence

*Mid-Year MLA:* Fellows must achieve a minimum of 3 ("Meets Expectations for Early Fellowship") in all competency domains. *End-of-Year MLA:* Fellows must achieve a minimum of 5 ("Ready for Entry-Level Independent Practice") in all competency domains. Scores below MLA trigger due process procedures.

The program's full Due Process and Grievance Procedures are provided to all fellows at the start of the fellowship year. They govern the program's response to competency concerns, including remediation planning, formal review, and appeals. Competency evaluations guide growth conversations and, when needed, remediation. Evaluation is both formative

(ongoing, developmental) and summative (formal, documented), and feedback is based on observable behaviors, competencies, and professional standards.

- Mid-Year Evaluation (Month 6): reflective self-assessment. The competency evaluation is conducted in individual supervision and recorded in a written evaluation, rating progress across all nine competency domains against the mid-year Minimum Level of Achievement.
- Final Evaluation (Month 12): reflective self-assessment. The competency evaluation is again conducted in individual supervision and recorded in writing, with a comprehensive statement of progress, strengths, and readiness for independent practice against the year-end Minimum Level of Achievement. A closing exit session in the final month gathers de-identified feedback on the program and the practice, confirms that licensure filing is complete, and closes the training year.

### Feedback Mechanisms

Fellows receive ongoing informal feedback in supervision. Fellows evaluate supervisors on the form in Appendix E at the mid-year and final evaluations, and the practice also collects de-identified feedback on the program and the practice from all clinicians, fellows included.

### Appeals Process

Appeals of evaluation or remediation decisions follow the formal Due Process Procedures set out in this handbook.

# Due Process Procedures

Due Process Procedures are implemented when a supervisor or another faculty or staff member raises a concern about a fellow's professional functioning, competence, conduct, or compliance with program expectations. Their purpose is to ensure that fellows have a structured, supported opportunity to understand concerns about their performance and to remediate them before more serious actions are taken.

These procedures apply to the full range of concerns, from early-stage performance issues to serious misconduct, and occur in a stepwise fashion, with progressively greater intervention as a problem increases in severity, persistence, or potential for harm.

## Rights and Responsibilities

**Fellows have the right to:**

- Be afforded every reasonable opportunity to understand and remediate identified concerns, and be treated in respectful, professional, and ethical manner.
- Have their perspectives heard at each formal step of this process.
- Receive written notice before any formal review or hearing.
- Appeal decisions within the limits of this policy.

**Fellows are responsible for:**

- Engaging with supervisors and program faculty respectfully, and making every reasonable effort to address and remediate identified concerns.

**The Program has the right to:**

- Implement these procedures when called for, as described herein.

- Make decisions regarding remediation, probation, suspension, and termination within the limits of this policy.

**The Program is responsible for:**

- Engaging with fellows respectfully and ethically, making every reasonable effort to support them in remediating concerns.

For purposes of these procedures, a problem is defined as an interference with professional functioning reflected in one or more of the following: an inability and/or unwillingness to acquire and integrate professional standards into one's professional behavior; an inability to acquire and demonstrate professional skills at an acceptable level of competency; an inability to manage personal stress, psychological concerns, or emotional reactions that interfere with professional functioning.

An issue typically rises to the level of a problem requiring formal intervention when one or more of the following characteristics are present: the fellow does not acknowledge, understand, or address the problem when it is identified; the problem cannot be corrected through the normal sequence of clinical or didactic training; the quality of services delivered to patients is negatively affected; the problem is not limited to one area of professional functioning; the problem requires a disproportionate amount of supervisory attention to manage; the behavior carries ethical or legal risk if not addressed; the behavior negatively affects Real Talk's public standing; the behavior negatively affects other trainees; the behavior has the potential to cause harm to a patient; the behavior violates appropriate interpersonal boundaries with staff.

## Step-by-Step Procedure

### Step 1: Informal Review

When a supervisor or faculty/staff member believes that a fellow's behavior is becoming problematic or that a fellow is having consistent difficulty demonstrating expected levels of

competence, the first step is to raise the concern directly with the fellow as promptly as feasible. Informal review may include more frequent supervision, targeted didactic training, structured readings, or other individually tailored supports.

If the concern persists after an informal resolution has been attempted, or if the fellow receives a rating below the applicable Minimum Level of Achievement (3 at mid-year, 5 at year-end) in any domain on a supervisory evaluation, the process moves to Step 2.

**Step 2: Written Notice of Formal Review**

When a concern is escalated to a formal level, the clinical and training director (or, if the clinical and training director is the party raising the concern, the clinical lead) will notify the fellow in writing that a formal review has been initiated. The written notice will include a description of the specific concern(s) that prompted formal review; a statement that a formal hearing will be held; the date, time, and participants of the upcoming hearing; and a reminder of the fellow's right to submit a written statement before or at the hearing.

The hearing will be scheduled within 10 working days of issuing the written notice. The supervisor or faculty/staff member raising the concern will also be notified.

**Step 3: Formal Hearing**

The formal hearing will be held with the clinical and training director, the supervisor or faculty/staff member raising the concern, and the fellow, within 10 days of the written notice. If the clinical and training director is the party raising the concern, the clinical lead chairs the hearing and the clinical and training director attends as the party raising the concern.

At the hearing, the fellow will have the opportunity to present their perspective verbally and/or submit a written statement. The hearing will discuss the problem and determine a course of action.

The clinical and training director, or the clinical lead when the clinical lead chaired the hearing, will communicate the hearing outcome to the fellow in writing within 5 working days of the hearing date. The written outcome will specify the determination and next steps.

**Step 4: Determination and Action**

Following the formal hearing, the clinical and training director, or the clinical lead when the clinical lead chaired the hearing, will determine the appropriate course of action. The available outcomes are:

- **Acknowledgment Notice.** Issued when the concern is recognized and documented but does not warrant further remedial action at this time. It will document: that the program is aware of and concerned about the problem; that the problem has been communicated to the fellow; that specific steps to address the concern have been identified; and that no further action is required at this stage.

- **Remediation Plan.** Issued when the concern requires structured, monitored intervention over a defined period. Placement on a Remediation Plan constitutes probationary status. The written plan will specify the behaviors or competency deficits associated with the problem; the concrete steps to remediate the problem; the time frame within which remediation is expected; and the procedures used to assess whether remediation has been achieved. At the conclusion of the remediation period, the clinical and training director (or the clinical lead, when the clinical lead made the determination) will provide a written statement indicating whether the problem has been remediated. If not, the clinical and training director may extend the plan or take more serious action.

- **Suspension.** Issued in cases of serious concern warranting the temporary removal of the fellow from all direct clinical service. The written suspension plan will specify: the specific behaviors or competency deficits associated with the suspension; the steps to be taken during the suspension period; the duration of the suspension and the criteria for reinstatement; the evaluation procedures to determine readiness to return to clinical activities. At the conclusion of the suspension, the clinical and training director (or the clinical lead, when the clinical lead made the determination) will provide a written statement regarding remediation status, which may include a

recommendation to transition to a Remediation Plan. The statement becomes part of the fellow's permanent file.

- **Termination.** If the problem is not resolved through other options, or if the concern represents gross misconduct or ethical violations, the fellow's placement in the program may be terminated. The training committee makes termination decisions; the members who decide must include at least two licensed psychologists not directly involved in the matter, and a member who raised the concern presents it to the committee but does not deliberate or vote. The committee will convene within 10 working days of the preceding step.

**Step 5: Appeal of Due Process Decision**

If the fellow wishes to challenge a decision made at any step in the Due Process procedures, they may request an appeals hearing. This pathway is entirely separate from the Grievance Procedures and must not be confused with them.

- **Step 5a: Request.** The fellow must submit a written request for an appeals hearing to the clinical and training director within 5 working days of receiving written notification of the decision being appealed.

- **Step 5b: Appeals Panel.** The appeals hearing will be conducted by a review panel that does not include the person who made the decision under appeal. The panel is chaired by the clinical lead and includes at least one additional licensed psychologist who was not involved in the original decision; when the decision under appeal was made by the clinical and training director, the director presents the program's position to the panel but does not deliberate or vote. When the decision under appeal was made by the clinical lead, the panel is chaired by another licensed psychologist on the training committee, and the clinical lead presents the program's position but does not deliberate or vote. The fellow may request a specific faculty member to serve on the panel.

- **Step 5c: Hearing.** The appeals hearing will be held within 10 working days of the fellow's written request. The panel will review written materials and may interview the parties involved or any individuals with relevant information.

- **Step 5d: Panel Decision.** The review panel may uphold or modify the original decision. The panel will communicate its written decision to the fellow within 5 working days of the appeals hearing.

- **Step 5e: External Review.** If the fellow remains dissatisfied following the appeals hearing, they retain the right to submit a complaint to APPIC, the APA Ethics Office, or the Texas Behavioral Health Executive Council (BHEC), which houses the Texas State Board of Examiners of Psychologists. The clinical and training director can provide information on how to contact these bodies upon request.

All time limits in these procedures may be extended by mutual written consent within a reasonable limit.

# Grievance Procedures

Grievance Procedures provide a structured pathway for a fellow to raise concerns about any aspect of the Program without fear of retaliation. Grievances may include, but are not limited to: supervisory conduct, interpersonal conflicts, discrimination, harassment, bias related to race, ethnicity, gender, sexual orientation, disability, or other protected characteristics, and concerns about program policies or curriculum.

These procedures are entirely separate from the Due Process Procedures in this handbook, as fellows initiate them, not program staff, and they follow their own independent sequence of steps. Fellows who pursue grievances in good faith will not experience any adverse professional consequences.

### Fellow Protections

- Fellows will not be retaliated against for initiating a grievance in good faith.
- All grievance proceedings will be kept confidential to the greatest extent possible, consistent with the program's need to investigate the matter.
- All formal documentation, decisions, and appeals will be maintained in secure program files for at least seven years.
- Fellows retain the right to contact APPIC, the APA Ethics Office, or the Texas Behavioral Health Executive Council (BHEC) if they believe a violation of ethical or legal standards has occurred that the program cannot or does not appropriately address internally.

### Grievance Steps

Step 1: Informal Resolution. The fellow should first attempt to resolve the concern directly with the individual involved through a good-faith conversation. If it is not feasible, not appropriate given the nature of the concern, or does not resolve the issue, they may bring the concern informally to the clinical and training director for consultation and mediation.

Step 2: Submission of a Written Formal Grievance. The fellow may submit to the clinical and training director a formal written grievance within 15 working days of becoming aware of the concern or incident that gave rise to the grievance. If the grievance concerns the clinical and training director, it must be submitted to the clinical lead, a licensed psychologist designated by the practice for each training year, who will serve as the reviewing authority for all subsequent steps. It should include: the name of the individual(s) involved; the date(s) of the incident(s); a detailed description of the concern; the policy, standard, or expectation the fellow believes was violated, if applicable; and the resolution the fellow is requesting.

Step 3: Acknowledgment and Initial Investigation. Upon receiving a formal written grievance, the clinical and training director (or clinical lead, if appropriate) will acknowledge receipt in writing and begin a review within 5 working days. The review may include interviewing relevant parties, reviewing documentation, and gathering other relevant information. The individual named in the grievance will be asked to submit a written response.

Step 4: Meeting with Parties. The clinical and training director (or clinical lead) will schedule a meeting within 10 working days of acknowledging the grievance. Depending on the nature of the concern, the parties may be met jointly or separately. In cases where the grievance concerns an aspect of the training program rather than a specific individual, the clinical and training director and clinical lead will meet with the fellow jointly to discuss the concern and develop a plan of action, which must include: a description of the behavior or issue associated with the grievance; the specific steps to be taken to address or rectify the problem; procedures to assess whether the concern has been appropriately resolved.

Step 5: Written Decision. Following the meeting(s), the clinical and training director (or clinical lead) will provide the fellow with a written decision within 10 working days of the conclusion of the investigation. It will document the outcome and any agreed-upon plan of action. The fellow and, where applicable, the individual named in the grievance will be asked to confirm in writing within 10 days whether the matter has been resolved.

Step 6: Review Panel. If the plan of action fails to resolve the grievance, the clinical and training director (or clinical lead) will convene a review panel within 10 working days, consisting of at least two licensed psychologists not involved in the original grievance proceedings; the person who issued the Step 5 decision presents it to the panel but does not deliberate or vote. The fellow may request a specific faculty member to serve on the panel. The panel will review all written materials and may interview the parties involved or other individuals with relevant information. It has the authority to uphold, modify, or overturn previous decisions. The panel will communicate its written decision to the fellow within 5 working days of the panel meeting. If the review panel determines that the grievance cannot be resolved internally or is not appropriate for internal resolution (for example, in a case involving alleged harassment that requires external review), the matter will be referred to the practice director or the applicable external regulatory body.

Step 7: External Review. If the fellow remains dissatisfied after the internal review panel has issued its decision, they retain the right to submit a complaint externally to APPIC, the APA Ethics Office, or the Texas Behavioral Health Executive Council (BHEC), which houses the Texas State Board of Examiners of Psychologists.

All time limits in these procedures may be extended by mutual written consent within a reasonable limit.

# Cultural Humility Training

Cultural humility is central to Real Talk's multicultural and diverse clinical team and patients, as well as to our mission and training philosophy. It is also embedded in all fellowship activities and aspects of the fellowship program.

### Learning Seminars and Clinical Talks

- A dedicated Wednesday Clinical Talk unit (Unit 5, The Limits of Understanding) examines how the clinician's assumptions shape what can be heard in a treatment.
- Case discussions integrate cultural perspectives and encourage fellows to consider multiple contextual factors.

### Cultural Humility in Supervision

- Supervisors attend to cultural considerations in case conceptualization and intervention.
- Fellows are encouraged to incorporate cultural dynamics into their supervision and reflect on their personal biases and assumptions.

### Patient Population

- Real Talk serves a diverse population across Houston and Texas. Fellows will work with patients from diverse cultural and linguistic backgrounds and, if bilingual, conduct sessions in other languages.

### Recruitment and Retention of Diverse Fellows

- Real Talk is committed to recruiting fellows from underrepresented groups and to fostering a climate of inclusivity, respect, and equity.

- Fellows are encouraged to provide feedback on program inclusivity and areas for improvement.

### Community Engagement

- Fellows are invited to participate in outreach efforts with community groups, schools, or organizations.

### Cultural Humility in Evaluation

- Cultural humility is rated within the Individual and Cultural Diversity domain at the mid-year and final evaluations.
- Cultural humility ratings use behaviorally anchored criteria.

### Philosophy

Depth-oriented approaches begin from the singular. No two subjects are inscribed in language, family, and history in the same way, and no category, diagnostic or cultural, tells the clinician in advance who is speaking. Culture, language, migration, class, religion, gender, and race are not variables applied to a case from outside; they are the material of the patient's own speech, the terms in which a life has been given meaning. The clinician's task is to hear how this person is positioned in them, which requires the discipline of not knowing first. Cultural humility, in this program, is not a competency added to the clinical stance but a consequence of the clinical frame.

### Diversity, Equity, and Inclusion (DEI)

Real Talk is deeply committed to fostering a training environment that reflects the diversity of the communities we serve. Our team comprises psychologists from diverse cultural, linguistic, and professional backgrounds, many of whom are bilingual or multilingual. Collectively, they represent training from diverse countries and bring lived experience as immigrants, first-generation professionals, and members of underrepresented groups. We

also serve immigrant families, multilingual households, LGBTQ+ communities, and individuals from a wide range of socioeconomic, racial, and cultural backgrounds. This embedded diversity within our team and clientele ensures that fellows will train in a setting where equity, inclusion, and cultural humility are part of everyday practice.

DEI is integrated into every aspect of our program. Supervision and clinical work address race, ethnicity, and culture; gender identity and expression; sexual orientation; disability and neurodiversity; immigration and linguistic background; socioeconomic status and class; and religious and spiritual background.

### Non-Discrimination Policy

Real Talk is committed to providing an inclusive, respectful, and equitable training environment. We do not discriminate based on race, ethnicity, color, national origin, gender, gender identity, gender expression, sexual orientation, age, religion, disability, marital status, immigration status, socioeconomic background, or any other protected characteristic. We are proud to be an Equal Opportunity training site and strive to foster a diverse team that reflects the diversity of Houston, Texas, where approximately 44% of the population identifies as Hispanic or Latino and 23% as Black or African American (U.S. Census Bureau, 2025), along with significant representation from other communities.

# Appendix A: Public Disclosure

Updated: November 4, 2026

## Postdoctoral Fellowship in Clinical Psychology

Real Talk Clinical Psychology offers a 12-month, full-time postdoctoral fellowship in clinical psychology in Houston, Texas. The 2026–2027 year runs from September 28, 2026 to September 29, 2027. Fellows provide at least 50% of their clinical sessions in person at our office at 7670 Woodway Dr., Suite 270, Houston, TX 77063, with the remainder by telehealth to patients located in Texas.

The primary training population is adults and adolescents with complex clinical presentations, also including mood, personality, and anxiety disorders, grief, trauma, relational difficulties, and adjustment and identity concerns. The clinical work is depth-oriented and psychoanalytically informed, complemented by structured protocols like CBT, DBT skills, and EMDR. Competency in assessment is developed through diagnostic interviewing, intake evaluations, and case formulation within a psychotherapy context.

## Aims of the Program

The program pursues three aims. The first is professional identity and core competence across the APA profession-wide competencies, including ethical and legal standards, individual and cultural diversity, and professional values and behaviors. The second is advanced psychotherapy competence, including case formulation, treatment planning, risk management, and documentation. The third is licensure readiness and professional development, including completion of the supervised practice hours required for licensure

in Texas, preparation for the EPPP and the Texas Jurisprudence Examination, and readiness for the clinical, ethical, and legal dimensions of independent practice.

## Training Structure

The standard training week is 36 hours, rising to the permitted maximum of 40 in weeks that carry additional training, outreach, or coordination of care.

- Direct clinical service: up to 25 hours per week.
- Individual supervision: 2 hours per week with licensed psychologists.
- Learning activities: 2 hours per week, carried by the Monday Learning Seminar and the Wednesday Clinical Talk and, in specific weeks, by the Texas Psychological Association Postdoctoral Fellowship Collaborative (twelve monthly virtual sessions shared with postdoctoral programs across Texas), the annual in-person Clinical Study Day (a full day of clinical presentations by the practice's clinicians and fellows), and other learning activities.
- Documentation, scholarly reading, and EPPP preparation: 7 hours per week.

The Wednesday Clinical Talk is a sixteen-unit sequence in clinical theory, case formulation, and clinical reasoning, led by the clinical and training director. The first Wednesday of each month is a case discussion open to all clinicians in the practice, and one treatment is followed across the year so that the direction of a treatment over time is itself an object of study. The Monday Learning Seminar covers practice policies and documentation, mandated reporting and disclosures, coordination of care, law and ethics, EPPP preparation, the Texas board rules and jurisprudence examination, fellow-led seminars, the written case conceptualization, caseload transfer, and licensure filing.

## Competencies

Fellows are evaluated across nine competency domains.

- Research: applying current scholarship to clinical formulation and completing a thorough written case conceptualization.
- Ethical and Legal Standards: applying the APA Ethics Code and Texas law to complex situations, anticipating ethical risk, and documenting reasoning.
- Individual and Cultural Diversity: demonstrating positionality awareness and cultural humility across diverse populations.
- Professional Values, Attitudes, and Behaviors: holding integrity and accountability, integrating feedback, and showing readiness for independent practice.
- Communication and Interpersonal Skills: communicating clearly with patients, colleagues, and staff, and producing defensible documentation.
- Assessment: conducting nuanced diagnostic interviews, risk assessments, and formulations.
- Intervention: delivering theoretically grounded, individually tailored psychotherapy.
- Supervision: co-supervising another fellow's case during the year with the clinical and training director, and engaging the supervisory process through peer feedback and reflection from both the fellow's and the supervisor's perspectives.
- Consultation and Interprofessional/Interdisciplinary Skills: collaborating with other providers while maintaining patient confidentiality.

## Supervision and Training Faculty

Adriane Barroso, PhD, LP (Texas license #37992) is the Clinical and Training Director. She anchors supervision and didactic instruction, provides primary supervision, and specializes in grief, trauma, crisis, and psychoanalytically oriented treatment. Licensed psychologists on the practice's clinical team provide secondary supervision. A licensed psychologist is available in person, by telephone, or by video during all direct patient contact.

## Evaluation

Fellows receive formal written evaluations at mid-year and at year end, using a behaviorally anchored six-point scale. The Minimum Level of Achievement is 3 in all domains at mid-year and 5 in all domains at year end. A score below the Minimum Level of Achievement at any evaluation point triggers the program's formal due process procedures. Fellows also complete reflective self-assessments and evaluate their supervisors twice per year.

Fellows who meet the exit criteria receive a Certificate of Completion signed by the clinical and training director, naming the practice, identifying the training as postdoctoral, stating its focus area, and giving the beginning and ending dates of training.

## Licensure

Successful completion of the fellowship satisfies the postdoctoral supervised practice requirement for licensure as a psychologist in the State of Texas, in accordance with the Texas Behavioral Health Executive Council and the Texas State Board of Examiners of Psychologists under 22 TAC § 463.11. The program provides official documentation of supervised hours and training activities for the Texas licensure application.

Applicants who intend to pursue licensure outside Texas should verify that jurisdiction's requirements before applying. The program provides documentation of supervised hours and training activities but cannot guarantee that the fellowship satisfies the requirements of other jurisdictions.

## Stipend and Benefits

The annual stipend is $63,000 for a 36-hour training week, paid as a W-2 employee. Benefits include medical, dental, and vision coverage at 75% of single-employee premiums, a 401(k) with a 3% employer match, occurrence-based professional liability coverage throughout the fellowship year, EPPP support consisting of a three-month online preparation course and a $1,000 reimbursement that may be applied to EPPP and Texas licensure fees, a professional development allowance of $600 per year for approved training, and approximately six weeks of protected paid time off, which is eight paid holidays plus twenty working days.

## Eligibility

Applicants must have completed all doctoral degree requirements in psychology before the fellowship begins, from a program accredited by the American Psychological Association. Internationally trained applicants, for whom APA accreditation is not available, must hold a doctoral degree in psychology with documented U.S. equivalency. Applicants must also have completed a doctoral internship that is APA-accredited or that otherwise meets APPIC standards; for internationally trained applicants, the program requires evidence that the internship was a formal, supervised training experience of a breadth and quality consistent with an APPIC-member internship and sufficient to support Texas licensure eligibility under 22 TAC § 463.11.

Applicants are responsible for verifying their own eligibility for Texas licensure before applying. Fellows must be eligible to work in the United States and must submit a diploma or an official letter from their doctoral program confirming completion of all degree requirements.

## How to Apply

The program is recruiting 3 fellows for the 2027–2028 training year, which begins September 13, 2027. Applications are due January 15, 2027.

Required materials are a curriculum vitae, a cover letter describing clinical interests and training goals, and two letters of reference. Send them to Adriane Barroso, PhD, LP, at careers@realtalkpsychology.com.

The clinical and training director reviews all applications, and selected applicants are invited to an online interview that assesses clinical experience, ethical judgment, theoretical orientation, and fit with the program. Fellows hold the title of Postdoctoral Fellow.

### Selection Standards

The program follows the APPIC Postdoctoral Selection Standards and observes the APPIC Common Hold Date. For the 2027–2028 training year the Common Hold Date is February 16, 2027. Applicants who have interviewed are notified once a position has been filled.

### Non-Discrimination

Real Talk is committed to an inclusive, respectful, and equitable training environment. Selection decisions are made without regard to race, ethnicity, color, national origin, gender, gender identity, gender expression, sexual orientation, age, religion, disability, marital status, immigration status, socioeconomic background, or any other protected characteristic.

### Due Process and Grievance

The program maintains separate written due process and grievance procedures. Both are set out in full in the Fellowship Program Handbook linked above and are provided to fellows at the beginning of the training year. The due process procedures govern the program's response to concerns about a fellow's performance or conduct and include written notice, a formal hearing, and an appeal to a panel that does not include the person who made the

decision under appeal. The grievance procedures give fellows a route to raise concerns about any aspect of the program without fear of retaliation. Fellows retain the right to contact APPIC, the APA Ethics Office, or the Texas Behavioral Health Executive Council.

## Accreditation and Membership Status

The Real Talk Postdoctoral Fellowship Program is a postdoctoral member of the Association of Psychology Postdoctoral and Internship Centers (APPIC); membership was approved in November 2026. The program is not accredited by the American Psychological Association. APPIC membership is not a form of accreditation, and the program cannot assure APA accreditation.

## Contact

Adriane Barroso, PhD, LP | Clinical and Training Director

Real Talk Clinical Psychology | 7670 Woodway Dr., Suite 270, Houston, TX 77063

adriane@realtalkpsychology.com | 832 583 7373

# Appendix B: Fellow Weekly Schedule

The daily distribution below is illustrative. What is fixed is the weekly total and its composition: up to 25 hours of direct clinical service, 2 hours of individual supervision, 2 hours of learning activities, and the balance in protected non-clinical time. Fellows arrange the protected time across the week in agreement with the clinical and training director.

| Day | Patient Hours | Individual Supervision | Didactic Seminars | Protected non-clinical time |
|---|---|---|---|---|
| Monday | 6 | 1 | 1 | |
| Tuesday | 6 | | | 2 |
| Wednesday | 6 | 1 | 1 | |
| Thursday | 7 | | | |
| Friday | | | | 5 |
| TOTAL | 25 | 2 | 2 | 7 |

# Appendix C: Competency Evaluation

Fellow Name: Supervisor Name: Evaluation Period:

Real Talk's Postdoctoral Fellowship Program uses a 6-point scale to evaluate fellows' competence across all domains. This table defines each anchor point and sets the Minimum Levels of Achievement (MLAs) required for successful completion.

| Rating | Descriptor | Meaning for Fellows at Real Talk |
|---|---|---|
| 1 – Significant Problem | Remediation required | Significant gaps in knowledge or skills. Requires directive supervision and remediation. |
| 2 – Below Expectations | Beginning stage | Beginning skills with the need for consistent guidance and support. Uneven competence across situations. Supervision remains directive. |
| 3 – Meets Expectations | Mid-year benchmark | Progression and general competency in routine situations. Some gaps, but more collaborative supervision. |
| 4 – Progressing Toward Independent Practice | Solid progress | Increasing independence, need for minimal input. Supervision focused on nuanced clinical work. |

| | | |
|---|---|---|
| 5 – Ready for Entry-Level Independent Practice | End-of-year minimum | Readiness for independent practice. Consistent competence across domains. |
| 6 – Advanced Competence | Exceptional | Experienced clinician level. Supervision resembles peer consultation. This level is aspirational and not expected in all domains. |

Minimum Levels of Achievement (MLAs):

- Mid-Year Evaluation → ≥ 3 in all domains.
- Final Evaluation → ≥ 5 in all domains.

Competency Ratings

I. Research

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

II. Ethical & Legal Standards

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

III. Individual & Cultural Diversity

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

IV. Professional Values, Attitudes, & Behaviors

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

V. Communication & Interpersonal Skills

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

VI. Assessment, including risk assessment, escalation, and documentation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

VII. Intervention

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

VIII. Supervision

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

IX. Consultation & Interprofessional/Interdisciplinary Skills

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Comments: _____

Overall Evaluation

- Fellow is ☐ At MLA ☐ Below MLA ☐ Above MLA for this period.
- Summary of Strengths: _____
- Areas for Growth: _____

- Recommendations: _____

Signatures

Fellow: _____ Date: _____

Primary Supervisor (on behalf of both supervisors): _____

Date: _____

# Appendix D: Competency-to-Activity Crosswalk

This crosswalk demonstrates how the fellowship is designed to develop APA-required profession-wide competencies and program-specific competencies, linking each domain to training methods, supervision, and evaluation.

| Competency Domain | Training Activities | Supervision & Support | Evaluation Method |
|---|---|---|---|
| Research | Book club; case discussions; applied readings in clinical care; the written case conceptualization | Research-to-practice discussions in supervision | The written case conceptualization; supervisor evaluations; fellow self-assessment |
| Ethical and Legal Standards | Orientation on APA ethics & Texas law; seminars on confidentiality, HIPAA, and informed consent | Ongoing review of ethical and legal dilemmas in supervision | Evaluation forms; remediation triggers for breaches |
| Individual and Cultural Diversity | Seminar unit on cultural humility; case discussions; caseload reflecting diverse cultural and social realities | Reflection exercises; supervision focused on cultural humility | Supervisor ratings; case write-ups |
| Professional Values, Attitudes, and Behaviors | Supervision; professional modeling within the practice culture | Supervisor modeling and feedback | Mid-year and final evaluations |
| Communication and Interpersonal Skills | Direct clinical work; case discussions; team collaboration | Supervisor feedback on communication and documentation | Supervisor ratings; review of clinical documentation |

| | | | |
|---|---|---|---|
| Assessment | Intake evaluations, risk assessments, treatment planning | Review of intake notes and diagnostic reasoning | Review of intake reports, risk notes, and supervisory consultation records; supervisor ratings |
| Intervention | Up to 25 weekly individual therapy hours | Weekly supervision; case discussions | Competency ratings; review of ongoing treatment |
| Supervision | Co-supervising another fellow's case with the clinical and training director; providing structured peer feedback in team discussions; preparing and leading assigned Monday seminar sessions; observing supervisory processes. | Modeling from supervisors on giving and receiving feedback | Supervisor evaluation |
| Consultation and Interprofessional/Interdisciplinary Skills | Collaboration with physicians, referral sources, and the clinical team | Case consultation with licensed psychologists | Supervisor ratings; peer feedback |

# Appendix E: Supervisor Evaluation

Supervisor Name: Fellow Evaluator and Date:

Please rate your experience with your supervisor using the following scale:

1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

Provided consistent and reliable supervision.
Rating (1–5): _____ Comments:

Created a safe and respectful supervisory relationship.
Rating (1–5): _____ Comments:

Demonstrated knowledge and skill in the clinical areas I was working on.
Rating (1–5): _____ Comments:

Was open to feedback and encouraged dialogue.
Rating (1–5): _____ Comments:

Supported my professional growth and autonomy.
Rating (1–5): _____ Comments:

Helped me reflect on ethical and legal issues in practice.
Rating (1–5): _____ Comments:

Modeled cultural humility and attended to cultural and identity-based dynamics in cases and in supervision.
Rating (1–5): _____ Comments:

Additional Comments:

# Appendix F: Remediation Plan

- Competency/behavior identified.
- Specific, measurable goals (with MLA targets).
- Documentation source(s) used.
- Methods of remediation (e.g., increased supervision, readings, co-therapy).
- Timeline for Reevaluation (with Dates and Responsible Parties).
- Signatures: Fellow and Clinical and Training Director; the secondary supervisor also signs when the plan concerns work under their supervision.